

Abstract 224

TITLE: Hepatitis and HIV Knowledge Base Among Denver IDU

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ISSUE: Both nationally and worldwide, infection with the hepatitis C virus (HCV) has silently grown to epidemic proportions among intravenous drug users (IDU). In spite of this phenomenon, knowledge among this population of hepatitis in general and HCV in particular appears inadequate while knowledge of HIV is relatively high. In Denver, HCV seroprevalence for IDU has surpassed 80% while HIV seroprevalence remains at approximately 3%.

SETTING: HIV/hepatitis behavioral prevention research project.

PROJECT: Urban Links initiated a study to assess IDU's awareness and knowledge of hepatitis/HCV relative to that of HIV. Two methods were employed for the assessment; in depth open-ended interviews (n=30) and a multiple choice survey (n=100). The open-ended interviews probed IDU's experiences with and knowledge of hepatitis and HIV while the survey compared subjects' knowledge of HCV with that of HIV.

RESULTS: Findings reveal that knowledge and awareness of hepatitis/HCV, even among those participants self-reporting HCV infection, is low when compared to that of HIV. Few participants articulated a concern for HCV infection or its inherent health implications. In contrast, participants articulated great concern for their HIV status and the subsequent implications of a positive result. Ironically, these higher levels of knowledge and concern are focused on a virus of low prevalence among Denver IDU. In contrast with HCV, a virus that appears to be almost synonymous with injection drug use, knowledge, awareness and concern are inadequate at best.

LESSONS LEARNED: The potential health and financial implications of these findings suggest the need to raise IDU awareness of HCV, to design interventions aimed at preventing its transmission to newly initiated IDU, and provide effective low threshold healthcare for those IDU who have contracted the virus. In response, Urban Links has initiated a hepatitis C support group has incorporated hepatitis information as a significant adjunct to our intervention.

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